

256832

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2015-12-A

CERTIFICATED COMPANY INFORMATION

<u>dishNET Wireline L.L.C.</u>	
Company Name	FEIN/SSN
	<u>303-723-1000</u>
Dbafka	Telephone #
<u>9601 S Meridian Blvd</u>	
Mailing Address	
<u>Englewood, CO 80112</u>	
City, State, Zip Code	
<u>9601 S Meridian Blvd</u>	
Business Location	
<u>Englewood, CO 80112</u>	
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent: <u>CSC</u>
Mailing Address: _____

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

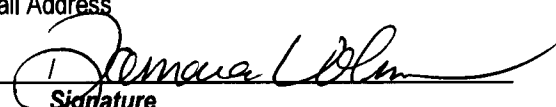
- Shawn Stickle
- A. **General Manager** (Include Address if different than above)
- 303.723.1953 / / shawn.stickle@dish.com
- Telephone Number / Facsimile Number / E-mail Address
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
- / /
- Telephone Number / Facsimile Number / E-mail Address
- Andrew Hall
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
- 303.723.1000 / / Andrew.Hall@dish.com
- Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact** (Toll Free Number)
- D. **Engineering Operations** (Include Address if different than above)
- / /
- Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)
- / /
- Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)
- / /
- Telephone Number / Facsimile Number / E-mail Address

RECEIVED

JUN 12 2015

PSC SC
MAIL / DMS

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

	<u>Tamara Volmer Director of Tax</u>		
G.	Regulatory Officer (Name & Title)		
	<u>9601 S Meridian Blvd Englewood, CO 80112</u>		
	(Mailing Address)		
	<u>720.514.5493</u>	<u>/ 303.723.3044</u>	<u>/ tamara.volmer@dish.com</u>
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
H.	Annual Report Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
I.	Dual Party Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
J.	Interim LEC Fund Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
K.	Universal Service Fund Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
L.	Gross Receipts Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
M.	Lifeline Mailings (Name & Title)		
	(Mailing Address)		
	<u>/</u>	<u>/</u>	
	Telephone Number	/ Facsimile Number	/ E-mail Address
	<u>Tamara Volmer</u>		
	This form was completed by		
	Director of Tax		
	Title		
			
	Signature		
	/ 5/28/15		
	Date		

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201